

Name  
in  
Full

John Bancord

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	80	2	11	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Catherine Koontz				
Father's Name	John Bancord					Father's Birthplace
Mother's Maiden Name	Sarah Poybaugh					Mother's Birthplace
Name of person giving information	Doris Warnlok					How related to deceased

CAUSES OF DEATH

64

How long

2 days.

8 hr.

PHYSICIAN  
OR CORONER

Primary

Cerebral Apathy

Immediate

Cardiac failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

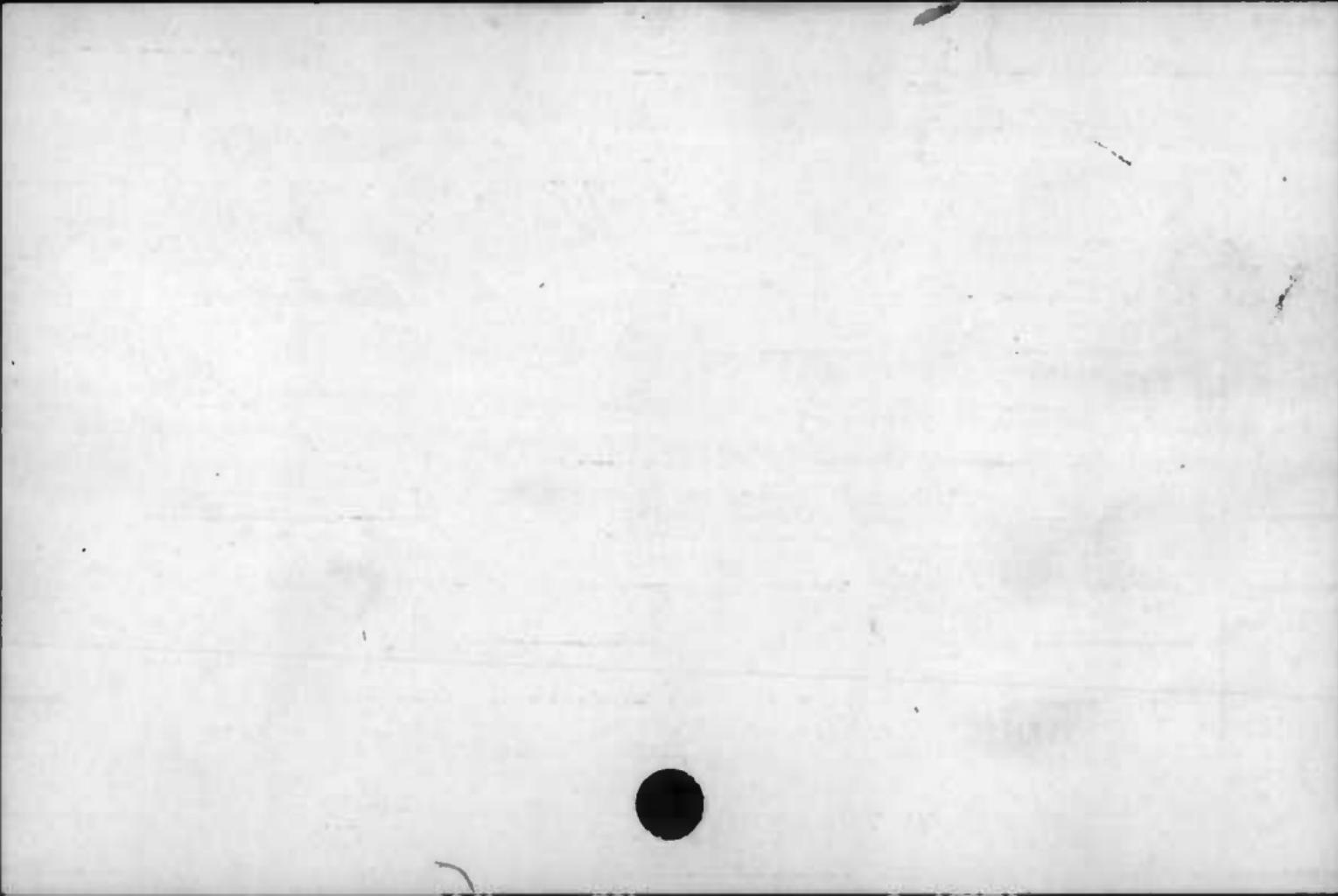
Address

R. C. Bowen M.D.

Grantsville

Garrett Co. Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mrs Geo Block  
Aileen

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Date  
of death 190

Month

Day

Years

Age

28

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

H.W.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Geo Block

Father's  
Name

Aileen Butler

Father's  
Birthplace

Woo

Mother's  
Maiden Name

Nora Perkins

Mother's  
Birthplace

Woo

Name of person giving  
Information

Lynne Deal

How related  
to deceased

Bro-in-law

CAUSES OF DEATH

27

Primary

Pneumonia tuberculosis

One year

Immediate

Depres

How long

Short time

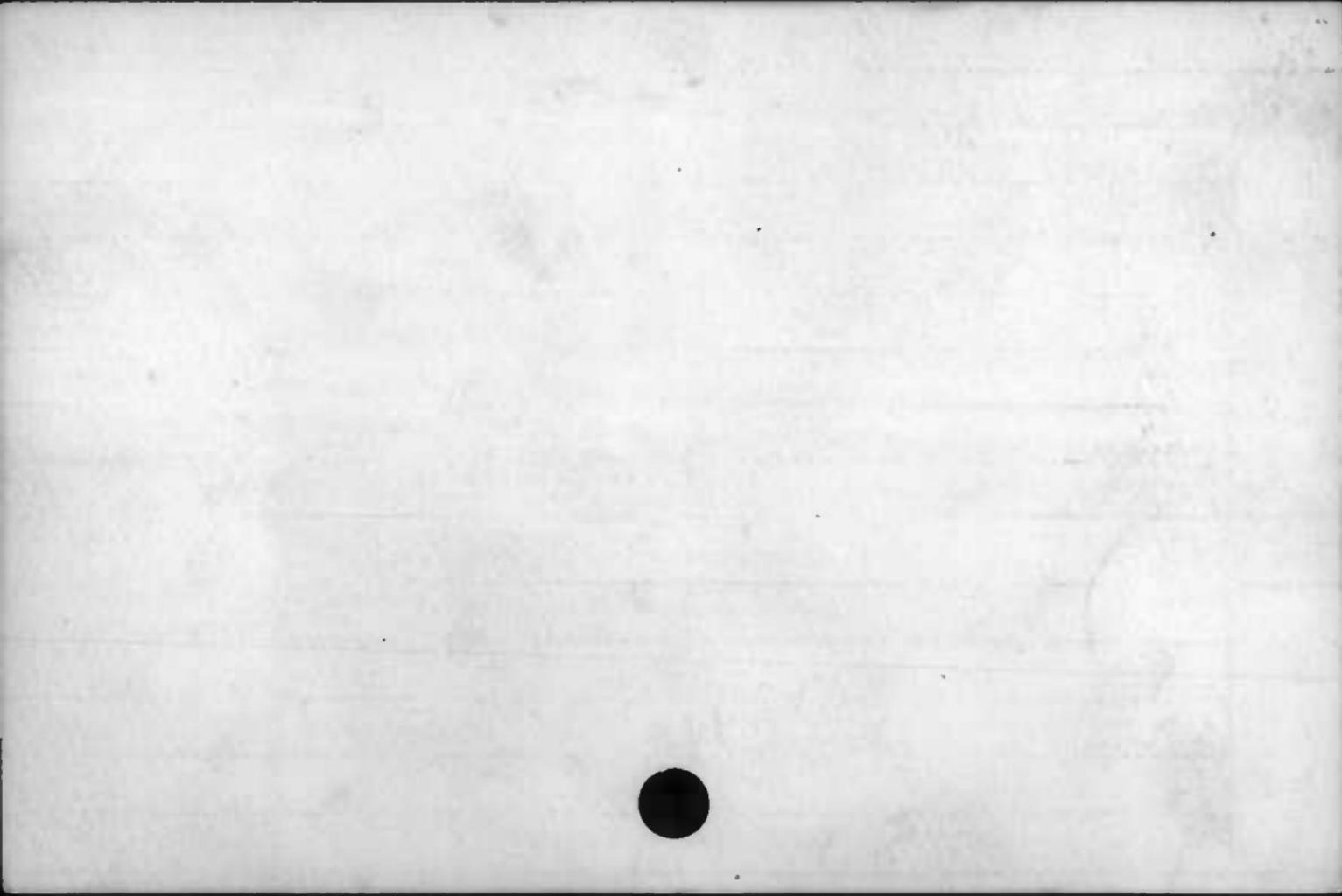
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. E. Egger  
Died  
Md

Accident or Suicide?



Name  
in  
Full

Dorace P. Cherry

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Arellion

County

Garnet

MARYLAND

Date  
of death

1909

Month

June

Day

11

Years

49

Months

4

Days

22

Sex

Male

Color or  
Race

White

Birth-  
place

Arellion

Occupation

Lumberman

Where Residing if not  
at place of death

Arellion

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

— Wm

Father's  
Name

John C Cherry

Father's  
Birthplace

Arellion

Mother's  
Maiden Name

Katherine Kanep

Mother's  
Birthplace

Frostburg Md

Name of person giving  
Information

James Hubble

How related  
to deceased

Wife

CAUSES OF DEATH

30

How long

22 Years

Primary

Fracture of Spine

How long

3 years

Tuberculosis of Spine

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

H. T. Polissar

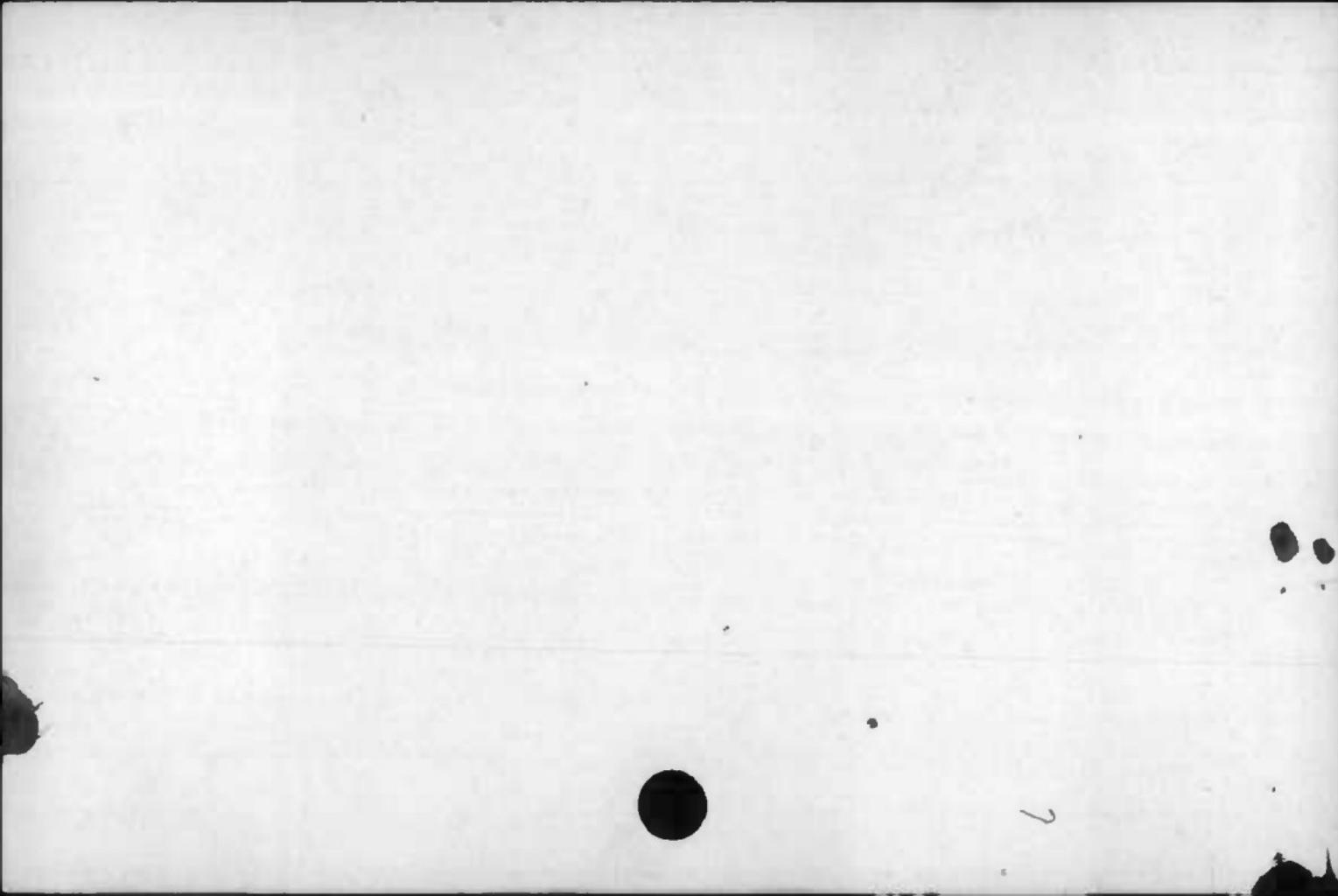
Address

Grantsville

Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Lucy Cready

CERTIFICATE OF DEATH

Died at Town County MARYLAND  
Oakland Garret

Date Month Day Years Months Days  
of death 1909 June 23 Age 34 - -

Sex Female Color or Birth-place U.S.A.  
Occupation Race Colored

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Married

John Cready

Father's  
Name

Harvey Turner

Father's  
Birthplace

Ca

Mother's  
Maiden Name

Maggie Smith

Mother's  
Birthplace

Sia

Name of person giving  
Information

Harvey Turner

How related  
to deceased

Husband

CAUSES OF DEATH

27

How long

Primary

How long

Immediate

Pulmonary Tuberculosis Two years

Are the name, age, sex, color,  
date and place correctly given above?

yes

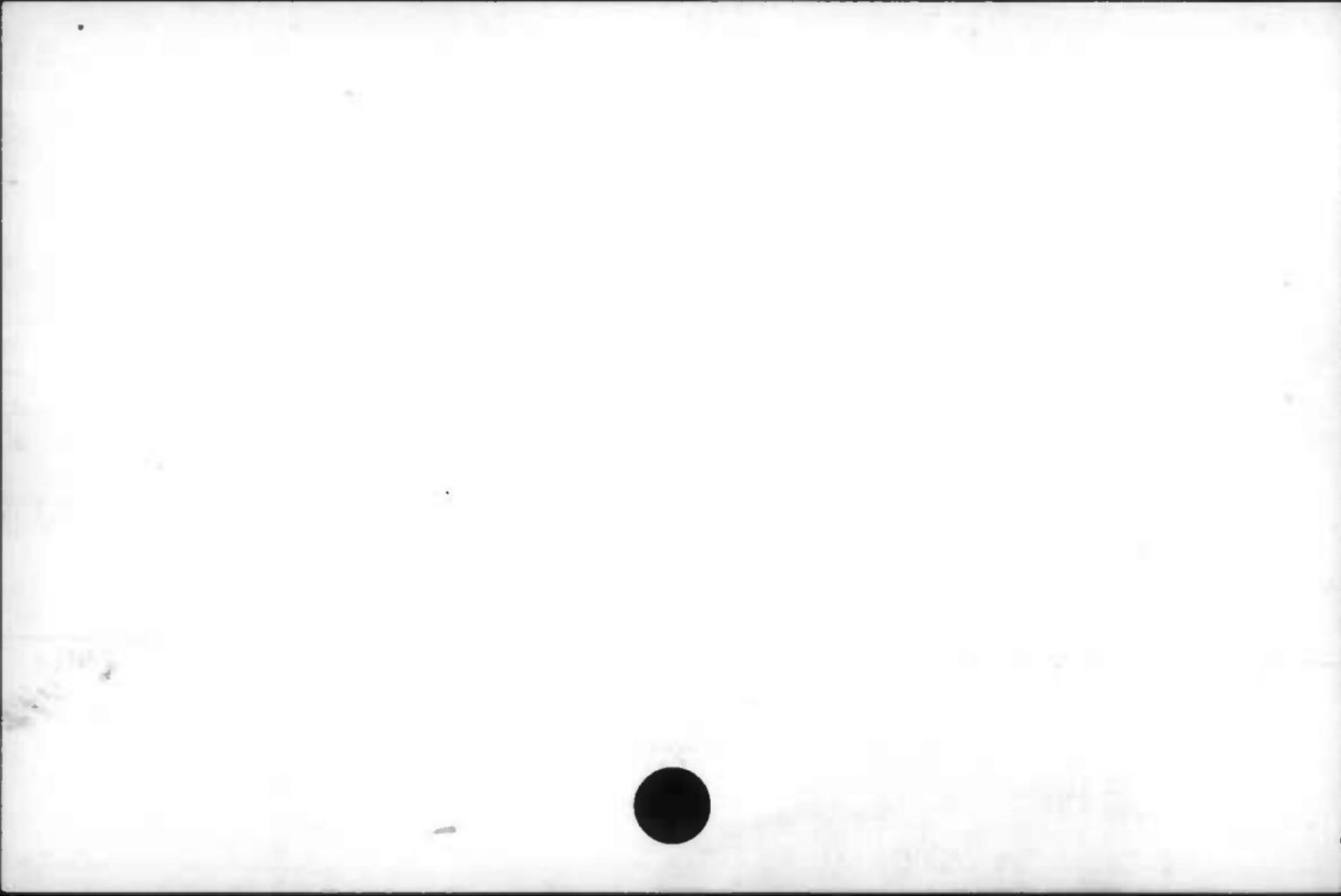
Signature of  
Physician

Address

H. W. Williams H. C.

Accident or Suicide





Name  
in  
Full

Arthur Sheldon Parks

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

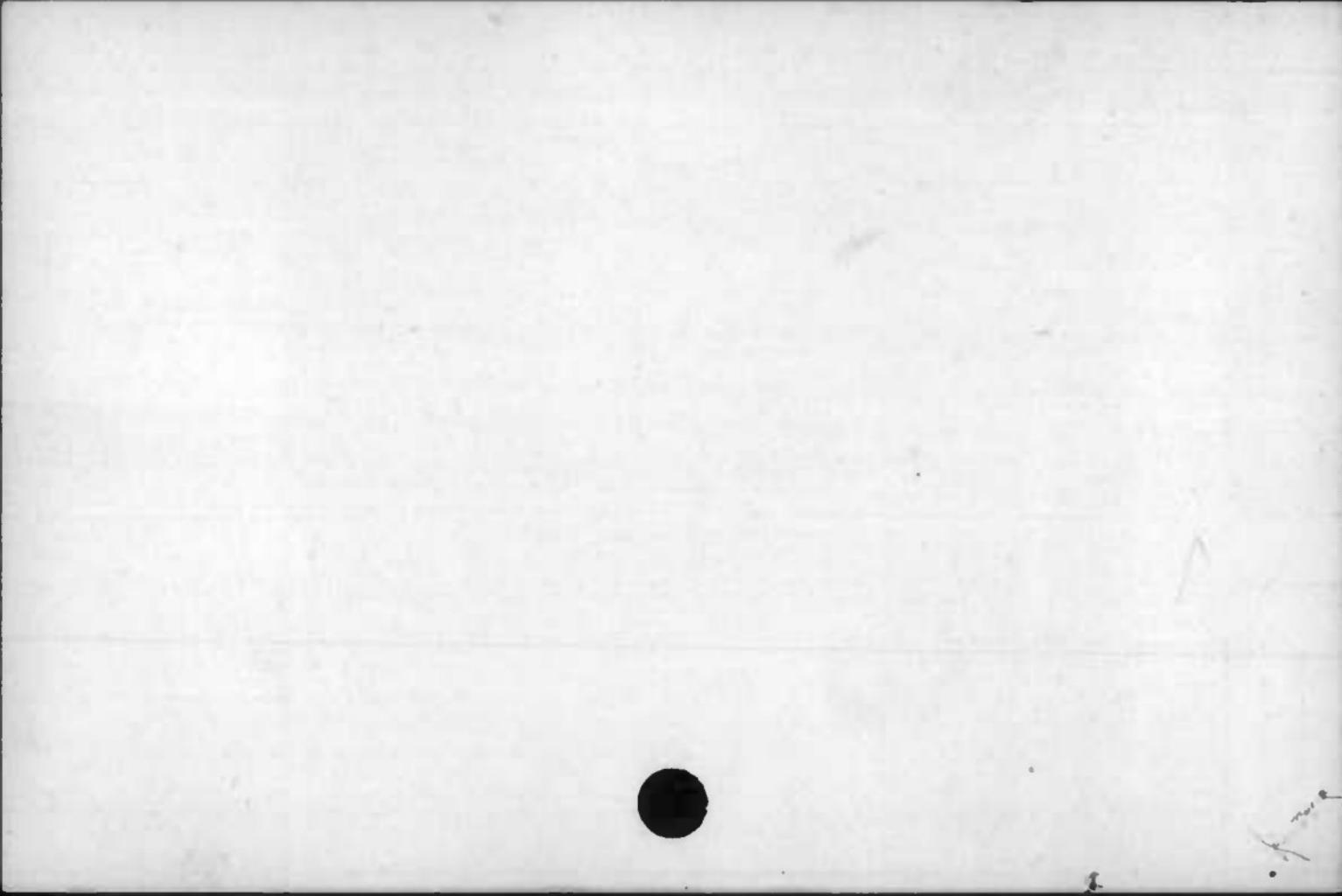
Died at	Town	County	MARYLAND		
Date of death 1909	Month June	Day 25	Years -	Months 2	Days 29
Sex Male	Color or Race white	Birth-place Dennis			
Occupation Importer	Where Residing if not at place of death Dennis				
Married, Single or Widowed Single	Name of Wife or Husband Dennis	Dennis			
Father's Name Dr. S. Parks	Father's Birthplace Virginia				
Mother's Maiden Name Zellie Mow	Mother's Birthplace Maryland				
Name of person giving information T. G. Hale	How related to deceased Son				

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Suicide	How long	and week
Immediate	Choking	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	H. J. Robinson
		Address	Granville
Accident or Suicide?	No		MD



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Town County  
Oakland Everett

Date of death Month Day Years Months Days

190

9

June

1

Years

Months

Days

Age

67

Color or Race

White

Birth-  
place

Somerset Co Pa

Sex Female

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

The deceased

Mrs. S. Scott

Father's  
Name

Jay B Davis

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Sarah Macmillan

Mother's  
Birthplace

Pa

Name of person giving  
Information

Mrs. Scott

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Chronic Nephritis

120

How long

Two or 3 years

Immediate

"

Are the name, age, sex, color, date  
and place correctly given above?

Yes

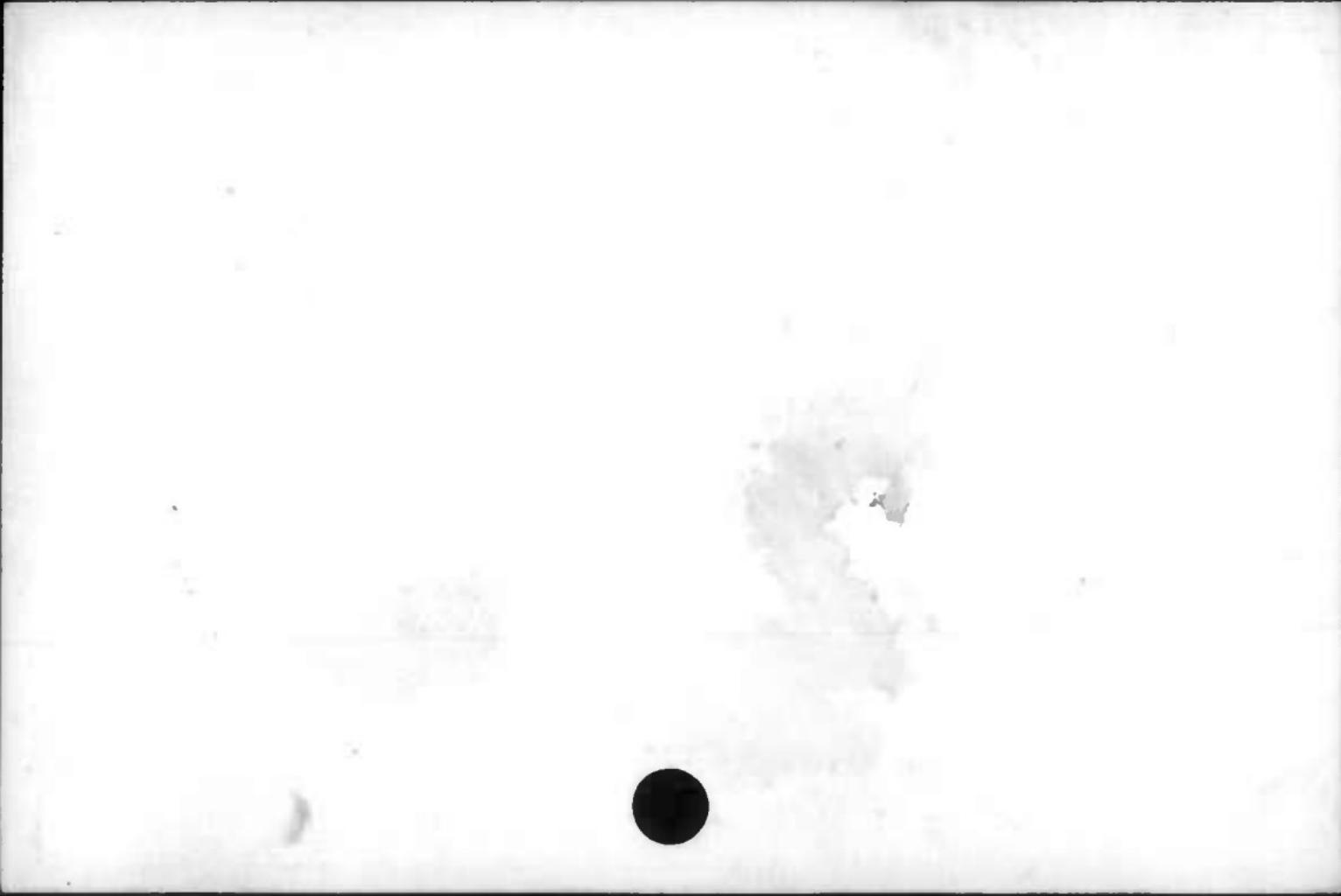
Signature of  
Physician

Address

Henry W. Thomas  
Oakland Md.

Accident or Suicide

✓



Name  
in  
Full

Bryson Welch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1909	Month June	Day 3	Years 63	Months	Days
Sex	Male		Color or Race	White		Birth-place Md
Occupation	Farmer			Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Susan E. Specht			Father's Birthplace Island
Father's Name	Abraham Welch			Mother's Birthplace		
Mother's Maiden Name	Dont know			Daet know		
Name of person giving information	Upton Cuppitt			How related to deceased Son-in-law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

66

How long 29 months

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. E. Dugay  
Mt. Lake Park  
Md.

Accident or Suicide?

